

**TRAINING UPDATE**

**Lab Location:** SGMC  
**Department:** Phlebotomy

**Date Implemented:** 7.6.2017  
**Due Date:** 7.24.2017

**DESCRIPTION OF PROCEDURE REVISION**

**Name of procedure:**

Fingerstick

**Description of change(s):**

1. The Safe-T-Pro lancet is being discontinued by the manufacturer. We will transition to using only the BD Contact-Activated Lancet.
2. Added the REQUIREMENT to use a tube extender with microtainer tubes. We will use a tube extender and label the tubes like regular Vacutainer tubes.
3. Added Adverse Reaction and Unobtainable Specimen sections to this procedure. This information was copied from the venipuncture procedure, so the content is not new.

**Electronic Document Control System**



**Document No.:** SGAH.P10[3]

**Title:** Fingerstick

**Owner:** LESLIE BARRETT

**Status:** INWORKS

**Effective Date:** 04-Aug-2017

**Next Review Date:**

Non-Technical SOP

<b>Title</b>	<b>Fingerstick</b>	
<b>Prepared by</b>	Samson Khandagale	<b>Date:</b> 6/12/2009
<b>Owner</b>	Samson Khandagale	<b>Date:</b> 8/23/2011

**Laboratory Approval**

Print Name and Title	Signature	Date
<i>Refer to the electronic signature page for approval and approval dates.</i>		
<b>Local Issue Date:</b>		<b>Local Effective Date:</b>

**Review:**

Print Name	Signature	Date

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**TABLE OF CONTENTS**

1. PURPOSE..... 2  
2. SCOPE..... 2  
3. RESPONSIBILITY..... 2  
4. DEFINITIONS..... 2  
5. PROCEDURE..... 2  
6. RELATED DOCUMENTS ..... 7  
7. REFERENCES ..... 7  
8. REVISION HISTORY..... 7  
9. ADDENDA AND APPENDICES..... 7

**1. PURPOSE**  
To describe the equipment, sites, and steps required to perform capillary blood collection via fingerstick.

**2. SCOPE**  
This procedure applies to any capillary collection performed via fingerstick.

**3. RESPONSIBILITY**  
All phlebotomists must understand and adhere to this procedure when performing fingerstick collections.  
The field operations supervisor/manager is responsible for the content and review of the procedure.

**4. DEFINITIONS**  
Capillary collection: The technique of pricking the skin of the fingertip or heel to obtain a blood specimen from the tiny vessels near the surface.

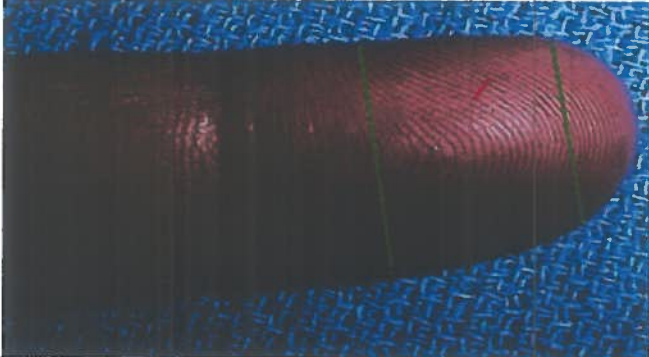
**5. PROCEDURE**

Step	Action
1	Laboratory staff members are only allowed to collect blood specimens with a valid order. Refer to the patient identification and specimen labeling procedure for additional details.
2	Introduce yourself to the patient using AIDET technique (Acknowledge, Introduce, Duration, Explanation, Thank you).
3	Wash hands and don latex-free gloves.

Document:SGAH.P10[3] Status:INWORKS,Effective:8/4/2017, Check Version Before Use

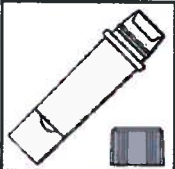




Form revised 3/31/00

Document: SGAH.P10[3] Status: INWORKS, Effective: 8/4/2017, Check Version Before Use

Step	Action
4	Identify the patient per procedure.
5	Assemble the supplies needed for the capillary collection in the presence of the patient. Do not place supplies directly on the patient or patient's bed. <ul style="list-style-type: none"> <li>A. Latex-free gloves</li> <li>B. Alcohol prep pad (70% isopropyl alcohol)</li> <li>C. 2x2 sterile gauze</li> <li>D. Lancet</li> <li>E. Warming device, if required</li> <li>F. Band-Aid or tape</li> <li>G. Collection tubes (ensure the expiration date of tubes has not been exceeded)</li> <li>H. Biohazard sharps container</li> </ul>
6	Determine the site to be used for blood collection. Note: Fingerstick is only used for children and adults that are age 1 year and older. In infants, the distance of the skin from the bone is less than 2.2 mm and the bone can be easily injured. <ul style="list-style-type: none"> <li>A. The best location for a fingerstick is the 3<sup>rd</sup> (middle) or 4<sup>th</sup> (ring) finger of the non-dominant hand. Whenever possible, avoid using the thumb, 2<sup>nd</sup> (pointer) or 5<sup>th</sup> (pinky) fingers.</li> <li>B. Perform the stick to the side of the finger. Never use the center or tip of the finger.</li> </ul> 
7	The finger puncture site must be warm to the touch and free from swelling. If the hands are cold, use an approved warming device to warm the hands. Note: A heel-warmer is regulated and will maintain an even heat source for capillary response and flow. Other means to warm the skin may cause burning or hemolysis.
8	Massage the finger to warm and increase the blood supply.
9	Cleanse the puncture site with an alcohol prep pad. Allow the alcohol to air dry completely before proceeding. Disinfection occurs by air drying and wet alcohol can hemolyze the red blood cells.

Form revised 3/31/00

Document: SGAH.P10[3] Status: INWORKS, Effective: 8/4/2017, Check Version Before Use

Step	Action
10	<p>Remove the closure from the tube(s) and place it on a convenient surface. The closure may also be nested on the base of the tube.</p> 
11	<p>Puncture the skin with an approved lancet.</p> <p>A. Twist off tab to break seal and discard.</p>  <p>B. Position the lancet firmly against the puncture site, holding between the fingers.</p>  <p>C. Press the end of the lancet to activate. Do not remove the lancet until you hear an audible click.</p>  <p>D. Discard the lancet in a biohazard sharps container.</p> <p>E. Wipe away the first drop of blood with gauze.</p>
12	<p>Determine which tube should be filled first based on the capillary tube order of draw.</p>
13	<p>Hold the microtainer tube at a 30-45° angle from the surface of the finger (puncture site). Touch the collector end reservoir to the drop of blood. After the first 2-3 drops of blood, the blood will freely flow to the bottom of the reservoir.</p> <p>Note: Do not milk the finger as this can cause hemolysis and impact test results.</p> 

Form revised 3/31/00

Document:SGAH.P10[3] Status:INWORKS,Effective:8/4/2017, Check Version Before Use

Step	Action
14	Replace the closure by twisting and pressing cap downward until a snap is heard. Immediately mix the sample by inverting the filled tube a minimum of 10 times. <div data-bbox="824 365 1032 569" style="text-align: center;"> </div>
15	Fill the remaining tubes in the same manner. Be sure to follow the capillary tube order of draw.
16	When all tubes have been collected, cover the puncture site with gauze and hold pressure for 3-5 minutes or until bleeding stops. The patient (or an adult) can assist with this task if he/she is able.
17	Cover the puncture site with gauze and tape or a Band-Aid after the bleeding has stopped.
18	Insert an extender into the bottom of each microtainer tube, as required, and properly label each tube per procedure. <div data-bbox="805 1035 992 1220" style="text-align: center;"> </div>
19	Recheck the tube labeling by comparing the name and MRN on each tube to the name and MRN on the patient's wristband.
20	Place the specimens in a biohazard bag and seal. <ul style="list-style-type: none"> <li>A. Do not put more than one patient's specimens in a bag.</li> <li>B. Never transport specimens that are not contained in a biohazard bag.</li> </ul>
21	Clean the work area by discarding all used materials in the appropriate waste container. Do not leave any trash behind.
22	Thank the patient and wish him/her a good day.
23	Wash your hands and proceed to the next assignment.
24	Deliver the specimens to the laboratory via hand-delivery or pneumatic tube.

Form revised 3/31/00

Document:SGAH.P10[3] Status:INWORKS,Effective:8/4/2017, Check Version Before Use

**Adverse Reactions**

Follow these steps if an inpatient experiences an adverse reaction during the blood collection process. Follow the procedure, "Outpatient Emergency Assistance" if an outpatient experiences an adverse reaction during the blood collection process.

Step	Action
1	Immediately discontinue the collection procedure.
2	Press the nurse call button and explain that the patient is having an adverse reaction to the procedure. Do not leave the bedside until a nurse arrives.
3	Answer any questions that the patient/parent poses and assist the nurse as needed.
4	Ask the nurse when you can return to complete the procedure and document the nurse's name.
5	Document the adverse reaction on a Quality Variance form.
6	Reschedule the draw per procedure using code "NOTP" for "test not performed." Refer to procedure, "Rescheduling Blood Draws."
7	Return to redraw the patient at the rescheduled time. Check with the nurse before proceeding with the blood collection.

**Unobtainable Specimens**

Step	Action
1	If a phlebotomist is not successful in obtaining a blood specimen after one fingertick, he/she may attempt to collect the sample one additional time. Do not attempt the patient more than twice.
2	If the phlebotomist is not successful after the second stick, he/she will: <ul style="list-style-type: none"> <li>A. Notify the nurse that he/she was unable to obtain the specimen and another phlebotomist will return.</li> <li>B. Notify the supervisor, group lead, or field ops representative in charge to assign another phlebotomist.</li> <li>C. A second phlebotomist will be sent immediately for Timed, ASAP, or STAT collections</li> <li>D. For routine collections of other tests, the collection time will be rescheduled for the next hour.</li> </ul>
3	If a second phlebotomist is unable to collect the specimen after 2 attempts, he/she will: <ul style="list-style-type: none"> <li>A. Notify the nurse and request that the hospitalist be contacted to obtain the required specimen.</li> <li>B. Give the patient labels and appropriate collection tubes to the nurse.</li> <li>C. Reschedule the collection per the instructions above.</li> </ul>

Form revised 3/31/00



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**Safety Notes:**

**A Phlebotomist must NEVER ...**

- Mix blood from one tube into another tube.
- Store or carry specimens in the pocket of a labcoat.
- Allow transporters or other hospital staff to deliver lab-collected specimens to the laboratory without prior approval from a supervisor or lead.
- Discuss reports or results with any patient.
- Use any phlebotomy equipment that has not been supplied by the laboratory on any patient.

**6. RELATED DOCUMENTS**

SOP: Patient Identification and Specimen Labeling

SOP: Pediatric Collection

Form: Capillary Tube Order of Draw (AG.F382)

**7. REFERENCES**

N/A

**8. REVISION HISTORY**

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP P004.001		
000	8/23/11	Update owner Section 5: update approved lancet devices, remove Tenderfoot	L Barrett	S Khandagale
001	11/4/13	Section 5: Add lancets as supplied by the Lab. Add Microvette® collection containers. Section 9: Add collection methods using Microvette® containers. Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13	S Khandagale	S Khandagale
2	7/5/17	Header: Added WAH Section 5: Removed Microvette collection instructions. Changed lancet instructions as manufacturer discontinued. Updated wording and formatting for clarity. Section 6: Added order of draw	S Codina	NCacciabeve

**9. ADDENDA AND APPENDICES**

NA

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